

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2023

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRODUCER						CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing				
BUYSMART INSURANCE I 190 N HOMESTEAD BLVD., HOMESTEAD, FL 33030					PHON	PHONE FAX (A/C, No, Ext): 1-800-444-4487 (A/C, No):				
					EMAL	E-MAIL ADDRESS: progressivecommercial@email.progressive.com				
						INSURER(S) AFFORDING COVERAGE NAIC #				
					INSURER A : Progressive Express Insurance Company 10193					
INSURED						INSURER B :				
INTERNATIONAL SECURITY GUARD SERVICES INC 27455 S Dixie Hwy					INSUF	INSURER C :				
	Homestead, FL 33032					INSURER D :				
					INSUF	INSURER E :				
						INSURER F :				
COVE	RAGES CERTIFIC	ATE	NUM	BER: 619564415468	033149	33149D110223T214341 REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	2	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	i	
	X COMMERCIAL GENERAL LIABILITY	x	x					EACH OCCURRENCE \$		
	CLAIMS-MADE X OCCUR	-						DAMAGE TO RENTED PREMISES (Ea occurrence) \$		
								MED EXP (Any one person) \$		
								PERSONAL & ADV INJURY \$		
	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$		
								PRODUCTS - COMP/OP AGG \$		
								COMBINED SINGLE LIMIT		
								(Ea accident) \$1,000,00	0	
A	AUTOS ONLY	-	-	974707449		11/02/2023	11/02/2024	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$		
	K HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY	x	x	514101440		11/02/2025	11/02/2024	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
								s		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$		
	DED RETENTION \$							\$		
V A	VORKERS COMPENSATION							SFRTUTE ERH-		
	NYPROPRIETOR/PARTNER/EXECUTIVE	N/A	x					E.L. EACH ACCIDENT \$	· ·	
	Mandatory in NH) yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
A	ee ACORD 101 for auditional coverage details.			974707449		11/02/2023	11/02/2024	3		
	PTION OF OPERATIONS / LOCATIONS / VEHICLES	(ACOF	RD 101,	Additional Remarks {					ł	
1	lloosa County BCC				C	ONTR	ACT: C	23-3373-TDD		
302 N. Wilson Street - Crestview,										
1102000							INTERNATIONAL SECURITY SERVICES Security Services for the DFWBCC			
CERTI	CERTIFICATE HOLDER					PIRES:	08/31/20	26 w/(2) 1 yr renewals		
Okaloosa County BCC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE				
302 N. Wilson Street - Crestview,					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
FL 32536						AUTHORIZED REPRESENTATIVE				
						Mark Part.				
						11 vaux Fant				
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AGENCY CUSTOMER ID:



LOC #: _____

ADDITIONAL REMARKS SCHEDULE

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AGENCY		NAMED INSURED							
BUYSMART INSURANCE I									
POLICY NUMBER	INTERNATIONAL SECURITY GUARD SERVICES INC 27455 S Dixie Hwy Homestead, FL 33032								
974707449		Homestead, FL 33032							
CARRIER	NAIC CODE								
Progressive Express Insurance Company	10193	EFFECTIVE DATE: 11/02/2023							
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance									
Additional Coverages									
Insurance coverage(s) Limits									
Personal Injury Protection \$10,000 w/\$0 Ded - Named Insured Only									
Liability coverage may not apply to all scheduled vehicles.									
Liaming coverage may not apply to an scheduled venicles.									
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